
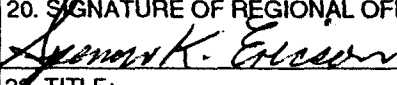


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>U</u> <u>T</u> — <u>0</u> <u>1</u> — <u>007</u>	2. STATE: UTAH
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE April 1, 2001	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$-0- b. FFY _____ \$0-		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to: ATTACHMENT 3.1-A (Attachment #4.b) Pages 5,6 1,2 ATTACHMENT 3.1-B (Attachment #4.b) Pages 5,6 1,2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 3.1-A (Attachment #4.b) Pages 5,6 Some ATTACHMENT 3.1-B (Attachment #4.b) Pages 5,6		
10. SUBJECT OF AMENDMENT: Targeted Case Management			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Rod L. Betit - Executive Director Department of Health Box 143102 Salt Lake City, UT 84114-3102		
13. TYPED NAME: Rod L. Betit			
14. TITLE: Executive Director Department of Health			
15. DATE SUBMITTED: March 22, 2001			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: April 9, 2001	18. DATE APPROVED: <u>6-6-01</u>		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>April 1, 2001</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 		
21. TYPED NAME: <u>Spencer Ericson</u>	22. TITLE: Acting Associate Regional Administrator		
23. REMARKS:			

POSTMARK: April 4, 2001

Early Childhood services not otherwise provided under the State plan but available to EPSDT (CHEC) eligibles

A. Target Group:

Targeted case management for Medicaid eligible children ages birth to four, for whom the service is determined to be medically necessary. Targeted case management services will be considered medically necessary when a needs assessment completed by a qualified targeted case manager documents that:

1. The individual requires treatment and/or services from a variety of agencies and providers to meet his or her documented medical, social, educational and other needs; and
2. There is a reasonable indication that the individual will access needed services only if assisted by a qualified targeted case manager who (in accordance with an individualized case management service plan) locates, coordinates and regularly monitors the services.

B. Areas of the State in Which Services Will Be Provided:

Services will be available statewide.

C. Comparability:

Services are not comparable in amount, duration and scope. Authority of Sec.1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Sec.1902(a)(10)(B) of the Act.

D. Definition of Services:

1. Targeted case management is a service that assists the eligible children in the target group to gain access to needed medical, social, educational and other services. The overall goal of the service is not only to help Medicaid recipients to access needed services, but to ensure that services are coordinated between all agencies and providers involved.
2. The following activities/services are covered by Medicaid under targeted case management:
 - (a) assessing and documenting the client's need for community resources and services;
 - (b) developing a written, individualized and coordinated case management service plan to assure the child's adequate access to needed medical, social, educational and other related services with input, as appropriate, from the child, family and other agencies knowledgeable about the child's needs;
 - (c) linking the child with community resources and needed services, including assisting the child to establish and maintain eligibility for entitlements other than Medicaid;
 - (d) coordination of the delivery of services to the child including coordination with the child's MCO medical case manager (where assigned), CHEC screenings and follow-up;
 - (e) monitoring the quality and appropriateness of the child's services;
 - (f) instructing the child's caretaker as appropriate, in independently obtaining access to needed services for the child;
 - (g) assessing, periodically, the child's status and modifying the targeted case management service plan as needed; and

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- (h) monitoring the child's progress and continued need for targeted case management and other services.
- 3. Targeted case management services provided to a Medicaid eligible child in a hospital, nursing facility or other institution may be covered only in the 30-day period prior to the child's discharge into the community.

E. Qualified Providers

1.. Medicaid providers of Early Childhood targeted case management services for eligible children may include:

- (a) An individual who is licensed as a Registered Nurse in the State of Utah, and is employed by a local, state or district health department; or
- (b) An agency that specialize in providing case management services to children and meets the following four criteria:
 - i. is authorized and responsible as outlined in Utah Code Annotated, Section 17-5-243, to provide directly or indirectly, basic public health services as outlined in Utah Code, Section 26A-1-106(3);
 - ii. employs or contracts with Registered Nurses who perform targeted case management assessments and follow-up services. The agency may use non-licensed individuals to provide follow-up targeted case management services under the supervision of qualified Registered Nurse, if the individual has education and experience related to high risk children and has completed training using a targeted case management curriculum approved by the DHCF. The DHCF will approve training curriculums that include:
 - detailed instruction in the Medicaid targeted case management provider manual requirements, and methods for delivering and documenting covered case management services;
 - detailed instruction in the Utah Medicaid CHEC/EPSTDT provider manual;
 - up-to-date information on community resources, and how to access those resources; and
 - techniques and skills in communicating successfully with clients and other agency/provider personnel.

F. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Sec.1902(a)(23) of the Act.

- 1. Eligible recipients will have free choice of providers of case management services.
- 2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Non-Duplication of Payment:

Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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